AMENDMENTS TO THE CLAIMS

Applicant respectfully requests the following amendments to the claim set:

1. (previously presented) A needle apparatus for administering a peripheral nerve

block, said needle apparatus comprising:

a hollow needle having at least three fenestrations longitudinally disposed along a

length of said hollow needle and isolated on a distal end of said hollow needle;

a needle hub having a hollow interior disposed about a proximate end of said

hollow needle; and

a stylet cap coupled to a proximate end of a stylet, wherein said stylet is freely

slidable inside said hollow needle and needle hub, and wherein said stylet cap creates a

releasably secure pressure fit with said needle hub upon full insertion of said stylet into

said hollow needle.

2. (original) The needle apparatus of claim 1, wherein said fenestrations are

longitudinally disposed along alternate sides of said hollow needle.

3. (original) The needle apparatus of claim 2, wherein said needle hub further

comprises at least one fenestration indicator disposed about said needle hub, said fenestration

indicator capable of providing visual and tactual verification by a user of an orientation of said

fenestrations.

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4. (original) The needle apparatus of claim 1, wherein said needle hub further

comprises a magnifying window disposed within said needle hub, wherein said magnifying

window provides a magnified view of said hollow interior of said needle hub.

5. (previously presented) A needle apparatus for administering a peripheral nerve

block, said needle apparatus comprising:

a hollow needle having at least three fenestrations longitudinally disposed and

isolated along alternate sides of a distal end of said hollow needle, wherein said distal end

of said hollow needle is bounded by an occluded tip;

a needle hub disposed about a proximate end of said hollow needle, said needle

hub having at least one fenestration indicator disposed about said needle hub, wherein

said fenestration indicator is capable of providing visual and tactual verification by a user

of an orientation of said fenestrations; and

a stylet cap disposed about a proximate end of a stylet, said stylet cap capable of

forming a releasably secure, axially rotatable pressure fit with said needle hub, wherein

said stylet is capable of freely sliding inside said hollow needle and needle hub, and

wherein said stylet occludes said fenestrations when fully inserted into said hollow

needle.

6. (original) The needle apparatus of claim 5, wherein said needle hub further

comprises a magnifying window disposed within said needle hub, wherein said magnifying

window provides a magnified view of an interior of said needle hub.

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(previously presented) A method for anesthetizing an affected peripheral nerve. said affected peripheral nerve being contained within a corresponding facial compartment,

wherein said facial compartment comprises a facial membrane, said method comprising:

identifying a dermal area of a patient substantially corresponding to said affected peripheral nerve;

inserting said fenestrated needle into said dermal area, said fenestrated needle comprising at least three longitudinally disposed fenestrations, wherein said fenestrations are isolated on a distal end of said fenestrated needle;

advancing said fenestrated needle slowly through said dermal area and said facial membrane:

withdrawing a stylet disposed within said fenestrated needle to verify proper placement of said fenestrated needle; and

injecting local anesthetic through said fenestrated needle to induce an efflux of local anesthetic into said facial compartment and a corresponding anesthetic block at said affected peripheral nerve.

8. (original) The method of claim 7, wherein said fenestrated needle further comprises a needle hub disposed about a proximate end of said fenestrated needle.

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9. (original) The method of claim 8, wherein said withdrawing a stylet further comprises observing a backflow of fluid within said needle hub to verify that said fenestrated needle is not located intravascularly.